

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, May 1, 1883.

After some remarks by the retiring President, the Society listened to the address of the newly elected President, Dr. WM. J. MORTON. This address, relating to the history and progress of the Society, and to neurological specialism in general, is printed in another part of the JOURNAL.

Stated Meeting, June 5, 1883.

A stated meeting of the Society was held at the usual hour and place, Dr. WILLIAM J. MORTON, President, in the chair. After the election of active members, Dr. M. JOSIAH ROBERTS presented to the Society a case of myxœdema.

The patient was a woman, aged fifty; heredity good. She complained prominently of coccygeal tenderness and pain, and pain in the dorsal and cervical regions of the vertebral column. More extended examination revealed puffiness and pallor of face, mask-like expression, muffled speech, "spells" of irritability of temper and uncontrollable morbid impulses and "nervousness," forgetfulness, general formication, disappearance of hair on the head, pubes, and in the axillæ, swelling of the extremities without pitting on pressure, cutaneous anæsthesia, paresis with great sense of fatigue, "shuffling gait," amblyopia, insomnia, anorexia, "electric-like shock" in body and limbs, feelings of faintness, menstrual irregularities, diminished temperature in right axilla, and occasional limpid urine.

Dr. GEORGE R. ELLIOTT, made the following report, based upon a microscopic examination of a piece of skin removed from her leg.

"I have examined microscopically the piece of skin removed from the leg (middle $\frac{1}{3}$, outer surface) of Miss S—, and find the following conditions present :

"1. The walls of the blood-vessels are decidedly thickened.

"2. There is a general atrophy of the sweat glands, and in places these are surrounded by embryonic cells.

"3. In the corium, just beneath the rete mucosum, are branching cells (not to be distinguished from branching connective-tissue cells). There are not a sufficient number of these cells found to warrant one in saying that mucous tissue is present.

"4. The hair follicles in the sections examined are normal.

"5. Large-nerve trunks are present. In other respects the skin is apparently normal."

The patient was presented personally to the Society for examination.

After some discussion the paper of the evening entitled the "Rest Cure," with reports of illustrative cases, was read by the author, J. H. GUNNING, M.D.

Dr. Gunning presented a brief abstract of the doctrine of the "Rest Cure." This plan or course is a combined form of treatment, first carried out and described by Dr. Weir Mitchell of Philadelphia, and indicated in that line of intractable complex form of nervous affections where the subjects are entirely absorbed in-themselves, their sensations and interests, having obstinately resisted all forms of treatment, and presenting symptoms of disorganized digestive, nervous, circulatory, and muscular systems ; the powers of assimilation nearly gone ; exceedingly nervous and irritable, with all the annoying sensations of neurasthenia aggravated further by the active mental, muscular, and sympathy-exciting distresses of hysteria.

In this treatment, the first thing necessary is to bring about an impression by isolation, removing the person from all former associations and surroundings to a private hospital or place where the physician's orders will be carried out. (Never treat patients at their home.) Sec-

only, putting them to bed and using a systematic, gentle though firm, discipline, mentally and physically, with a regular plan of feeding the patient with milk, meats, vegetables, soups, Reed & Carrick's beef peptonoids, maltine, cod-liver oil, iron, and phosphorus. Thirdly, preventing the ill effects of rest, and assisting digestion by the means of massage and electricity for six or eight weeks. At the end of this time many of the distressing symptoms are gone; the blood improved in quality and quantity, nervousness better, digestion good, and the mind, to a certain extent, in charge of its owner, the patient gaining an abundance of solid, healthy fat (from five to fifteen pounds during the course). But unfortunately in the cases that I have treated it was not a cure, but a foundation upon which I could build, for the improved systems more readily assimilated the remedies and used the stored fat for nerve nutrition, giving the patient a start, but requiring just as severe discipline after the fattening as before. When the patient has completed the time of treatment, he must be given a certain amount of exercise, repeating the same thing over and over again each day, and adding to each day something new, both mentally and physically, doing it perfectly, and naturally using in this his will-power; but always remembering that the exercise must not be carried to fatigue. At first he will notice that weight is decreasing, but in a few days it will return and often more than before, until the patient reaches the point when he can perform old duties with facility and pleasure.

Regarding special points in the massage, I would add over the tender spots along the spine and over the ovaries, a gentle tapping with a couple of small rubber balls attached to flexible handles, until the patient is able to bear the hands of the manipulator.

As many of the cases are females, and generally suffering from ovarian or uterine diseases, I have them placed in certain positions secured by apparatus which I have devised (and use in my hospital). While thus secured the abdomen is thoroughly massaged. In the application of electricity I prefer the statical, because it is more acceptable to the patient.

And to overcome the profuse perspiration incident to the treatment, baths of nitric, nitro-muriatic, and sulphuric acids are used.

In the discussion which ensued, the value of the "Rest Cure" in neurasthenic and hysterical cases was unanimously conceded.

Meeting of October 12, 1883.

Dr. WILLIAM J. MORTON, President, in the chair. Dr. LEONARD WEBER read a paper upon the neurotic origin of progressive arthritis deformans. The paper is printed in full in another part of the JOURNAL. Discussion on Dr. Weber's paper then ensued.

Dr. WENDT had seen a number of cases of arthritis deformans in hospital practice, all of which had, under the usual plan of treatment, gone on from bad to worse. He had also seen one of Dr. Weber's cases, in which a marvelous result had been obtained, in a comparatively short time, by an entirely different plan of treatment. He thought the value of Dr. Weber's interesting paper lay mainly in the therapeutic suggestions which it contained; for if other observers corroborated the ideas here advanced, a progressive step will have been taken. He thought it was important to try and get at the cause of the disease: its symptomatic treatment was highly irrational.

Dr. DANA remarked that the few cases seen by him had not illustrated the neurotic origin of the disease. In New York, he was of the opinion that the disease was rarely met with in private practice. He had seen only a few cases in hospital and dispensary service; this was even true in the Marine Hospital for Sailors, where rheumatism abounded. He recollected having seen one aggravated case: the patient was an old woman, some seventy years of age, who had suffered from the disease for sixteen or seventeen years. It began in the vertebral column, and gradually involved the hips, knees, and toes. She was so helpless, that in order to evacuate her bowels it was necessary to place her in the horizontal position over a pail. The patient had

Bright's disease and died of apoplexy. Upon post-mortem examination deposits of urates were found in the joints of the great toes. The patient was poor and surrounded by all the conditions favorable to the development of the disease.

Dr. Dana said he had seen some women of a neurasthenic type, women who had suffered from functional nervous disturbances, who developed a kind of inflammatory swelling of the fingers, so that in one case the hands became almost useless. He did not know but that later on in life these cases might develop into arthritis deformans; and if so, would illustrate the theory advanced in the paper. In considering neurotic inflammations of joints, Dr. Dana thought the relation of the trophic nerves to them, if there are any trophic nerves, should not be lost sight of. Never, so far as he knew, have we found any articular disease following from functional nervous trouble. The nervous difficulty must be organic. In no experiment upon animals, except where an organic lesion of the spinal cord has been produced, have we been able to produce arthropathies.

Dr. WENDT did not know that the author's paper contained any evidence that the disease was developed from an injury to the spinal cord. If there had been grave central disease of the spinal cord, improvement could not have been so rapid. He thought the neurotic condition was not the ultimate cause. If we would go back still farther into the history of these cases, he thought we would find that there was first a disturbance of nutrition, after which the neurotic condition developed.

Dr. BURRALL wished he could add something to our knowledge of this subject. The disease was one we were continually meeting. It seemed to him to be an arthritis resulting from trophic changes. In two cases which he could now call to mind, these changes resulted from worry. One case had gouty trouble. There was no uric acid found in the urine of patients suffering from arthritis deformans. As far as therapeutics were concerned, he knew of only two remedies. The two remedies he would hope to derive beneficial results from the use of, were arsenic, which is a nerve-tonic, and eupatorium perfoliatum (boneset).

The President felt like adding a word in regard to the practical part of the paper. He had not seen many cases of arthritis deformans in private practice; he could only recall five. It was probable that most cases were seen by the general practitioner. In the first four he had met with unsatisfactory results; but in the last, becoming convinced of the fruitlessness of the anti-rheumatic plan of treatment, he had administered cod-liver oil, iron, and static electrization with great benefit to the patient. He was of the opinion that the disease occurred most frequently in the so-called neurasthenic. It was interesting to note that the first advocate of the neurotic origin of the disease was an American, Dr. J. K. Mitchell, the father of Dr. S. Weir Mitchell, of Philadelphia. As early as 1834, Dr. Mitchell announced it as his theory, that acute, subacute, and chronic rheumatism were diseases of the spinal cord. The neurotic theory of the origin of the disease in certain subacute forms was a very attractive one. He was prepared to admit, as an argument in its favor, that the ordinary anti-rheumatic treatment fails to relieve the patient. In the next place, there is a well-understood relationship between the disease in question and well-recognized nervous ailments. We have only to call to mind the arthropathies of the myelites of traumatic neuritis of certain hemiplegias, to find a defensible relationship to the changes in the joints characteristic of arthritis deformans.

Dr. DANA remarked that as interesting as it might be to claim the theory of the neurotic origin of arthritis deformans for America, it was difficult to see how the information afforded by the President's remarks made it clear that such really was the case. The author of the paper had laid special stress upon the idea that arthritis deformans was an essentially different disease from acute or chronic rheumatism. Hence Dr. Mitchell could not be credited with the origin of this theory, as his claims concerned only acute and chronic rheumatism.

The President did not think that Dr. Mitchell's claims were thus narrowly restricted. It was doubtless true, however, that these claims should not have covered all forms of rheumatism as known at his day.

Dr. BURRALL incidentally called the attention of the members of the Society to the fact that there was at the present time a case of Charcot's disease in the wards of the Presbyterian Hospital of this city. Dr. Charcot claims that Dr. Mitchell was the first to associate joint disease with the central nervous system.

Dr. WEBER, in closing the discussion, said that he was glad to have learned, from the remarks which had been made, that it was well to have brought the subject before the Society, and that he had come forward none too soon with his views upon the subject.